

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF MEAT & POULTRY SERVICES <b>APPLICATION/APPROVAL FOR VOLUNTARY          REIMBURSABLE INSPECTION SERVICE</b>			<b>INSTRUCTIONS:</b> Submit an original and two copies of this application to the Program Manager, Office of Meat and Poultry Services, VA Department of Agriculture and Consumer Services. Submit four sets of plans & specifications of the plant, when required, as indicated below. Complete all sections. If a section is not applicable, enter <i>INA</i> . If additional space is need, use reverse side and number the item.			1. DATE OF APPLICATION				
2. NAME OF APPLICANT			3. FORM OF ORGANIZATION INDIVIDUAL      PARTNERSHIP      CORPORATION      COOPERATIONS      OTHER <i>(specify)</i>							
4. APPLICANT'S MAILING ADDRESS: Street Address			CITY		STATE		ZIP		5. TELEPHONE NUMBER (include area code)	
6. LOCATION OF PLANT IF DIFFERENT THAN ITEM 4:			CITY		STATE		ZIP		7. TELEPHONE NUMBER (include area code)	
SERVICE REQUESTED			REMARKS						COMPLETED BY VDACS: Reg. Sup./Prog. Mgr.	
8. ID SERVICE: Meat      ID SERVICE: Poultry									APPROVED      DISAPPROVED	
9. CERTIFICATION Trichnae      CERTIFICATION Cysticerus									APPROVED      DISAPPROVED	
10. OFF-PREMISE FREEZING: Meat      OFF-PREMISE FREEZING: Poultry									APPROVED      DISAPPROVED	
11. FOOD INSPECTION <i>(requires plans &amp; specs)</i>									APPROVED      DISAPPROVED	
12. VOLUNTARY MEAT & POULTRY SLAUGHTER/PROCESSING <i>(Specify)</i>			SLAUGHTER: Antelope    Deer Bison       Poultry Buffalo     Rabbit Catalo      Reindeer			PROCESSING: Antelope    Deer Bison       Poultry Buffalo     Rabbit Catalo      Reindeer			APPROVED      DISAPPROVED	
13. ANIMAL FOODS INSPECTION <i>(Certified products for Dogs, Cats, and other Carnivora)</i>									APPROVED      DISAPPROVED	
14. TECHNICAL ANIMAL FATS (9 CFR 351)									APPROVED      DISAPPROVED	
<b>AGREEMENT AND CERTIFICATION:</b> If inspection service is granted under this application, I (we) expressly agree to conform strictly to the provisions of the Virginia Meat and Poultry Products Inspection Act and respective regulations thereunder. I certify that all statements made herein are true to the best of my knowledge and belief. This is an EQUAL OPPORTUNITY PROGRAM. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age, or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, DC 20250.										
15. TYPE NAME OF PERSON SIGNING APPLICATION			16. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER <i>(making this application)</i>			17. TITLE			18. DATE	
<b>TO BE COMPLETED BY VDACS</b>										
19. DATE RECEIVED		20. DATE FACILITY REVIEWED:		21. EST. NO.	22. SIGNATURE OF REGIONAL SUPER.		23. DATE	24. SIGNATURE OF PROGRAM MANAGER		25. DATE